

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		2				
5		3				
6		2				
7		2				
8		2				
9		3				
10		3				
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29		3				
30	1					
31		1				
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34	1					
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39	1					
40		1				
41						
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48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	42					
TOTAL CLAIMS	52					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						